

CLAIMS ONLY							Application Number <i>10/750987</i>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51	/		
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57	/		
8	/						58	/		
9	/	/					59	/		
10	/		/				60	/		
11	/		/				61	/		
12	/		/				62	/		
13	/		/				63	/		
14	/		/				64	/		
15	/		/				65	/		
16	/		/				66	/		
17	/		/				67	/		
18	/		/				68	/		
19	/		/				69	/		
20	/		/				70	/		
21	/		/				71	/		
22	/		/				72	/		
23	/		/				73			
24	/		/				74			
25	/		/				75			
26	/		/				76			
27	/		/				77			
28	/		/				78			
29	/		/				79			
30	/		/				80			
31	/		/				81			
32	/		/				82			
33	/		/				83			
34	/		/				84			
35	/		/				85			
36	/		/				86			
37	/		/				87			
38	/		/				88			
39	/		/				89			
40	/		/				90			
41	/		/				91			
42	/		/				92			
43	/		/				93			
44	/		/				94			
45	/		/				95			
46	/		/				96			
47	/		/				97			
48	/		/				98			
49	/		/				99			
50	/		/				100			
Total Indep	5		/				Total Indep			
Total Depend	67	←	11	←		←	Total Depend	←	←	←
Total Claims	72		12				Total Claims			